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SECRETARY OF THE SENATE 99 JUL-2 M 10:42 H.O.

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

| | ek if this is an Amended House Identification Nu | | Effective Date of Registration Senate Identification Number | | |
|-------|---|--|--|--|--|
| | EGISTRANT Registrant Name | Greenberg Traurig. | | | |
| ••••• | Address | 1300 Connecticut Avenue, N.W | Suite 1908 | | |
| | City | Washlagton | State DC Zip 20036 | | |
| 4, | Principal place of busine City | ess (if different from line 3) | State/Zip (or Country) | | |
| 5. | Telephone number and | contact name Contact Howard Vine | F-Mail (optional) | | |
| б. | Law Firm | egistrant's business or activities | | | |
| C | LIENT A tobby labeled | ing firm is required to file a separate s "Self" and proceed to line 10. | egistration for each citent. Organizations employing in-house labbyists should check the bar left | | |
| 7. | Client Name | NICORE Inc. | | | |
| | Address | 2302 West Swann Avenue | | | |
| | City | Tampa | State FL Zip 33609 | | |
| 8. | Principal place of busin | ness (if different from line 7) | State/Zip (or Country) | | |
| 9. | General description of Manufacture of med | elient's business or activities ical device | | | |
| L | in this section has serv first acting as a lobbyis | est as a "envered executive branch. | not as a lobbyist for the client identified on line 7. If any person histed official" or "covered legislative branch official" within two years of and/or legislative position(s) in which the person served. Covered Official Position (if applicable) | | |
| | Name | | | | |
| _ | Ronald L. Plan | | | | |
| For | m LIL1 (Rev. 96/98) | | Page : | | |

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| g issue areas. Select all applications of manufacturing processing | ipated) 15 NS contributes more than \$1 part plans, supervises, or o | 0,000 to the lobbying activities o outrols the registrant's lobbying of Complete the rest of this section | the registrant in a activities? In for each entity matching the | |
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| Мапус | | dress | Principal Place of Business (city and state or country) | |
| ign entity that: 1 least 20% equitable own 1 or indirectly, in whole or titent or any organization i | in major part, plans, supe dentified on line 13; or | rvises, controls, directs, finances | or subsidizes activities | |
| ng activity? | organization recheitos on | Complete the rest of this section | n for each entity matching the | |
| | | Principal Place of Business Amount of contribution percentage | | Ownership percentage |
| | | (city end state or country) | for lobbying activities | in cliest |
| | tw | Dat | 6/23/99 | |
| | r or indirectly, in whole or client or any organization i filiate of the client or any ag activity? If date the registration. | ign entity that: It least 20% equitable ownership in the client or any or indirectly, in whole or in major part, plans, superclient or any organization identified on line 13; or Illitate of the client or any organization identified on ag activity? It date the registration. Address Renald L. Platt - Senior Gover Affair. | ign entity that: If least 20% equitable ownership in the client or any organization identified on line 1: To indirectly, in whole or in major part, plans, supervises, controls, directs, finances, client or any organization identified on line 13; or little of the client or any organization identified on line 13 and has a direct interest ing activity? If Yes. Complete the rest of this section criteria above, the sign and date the registration. Address Principal Place of Business (city and state or country) Date Renald 1. Platt - Senior Gover Affairs Div. | TITIES ign entity that: It least 20% equitable ownership in the client or any organization identified on line 13; or or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes activities client or any organization identified on line 13; or filliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the ng activity? If Yes. Complete the rest of this section for each entity matching the contents above, the sign and date the registration. Address Principal Place of Business (city and state or country) Amount of contribution for lobbying activities Renald L. Platt - Senior Gover Affairs Dir. |